

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90195 027 \*\*\*\*50.00

<b>DOCUMENT # L04000032811</b>					
<b>1. Entity Name</b> THE SWAN, LLC					
<b>Principal Place of Business</b> 1194 MARINER BLVD SPRING HILL, FL 34609 US			<b>Mailing Address</b> 1194 MARINER BLVD SPRING HILL, FL 34609 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 495 MARINER BLVD		<b>3. Mailing Address</b> 495 MARINER BLVD			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc.			
<b>City &amp; State</b> SPRING HILL FL		<b>City &amp; State</b> SPRING HILL FL		<b>4. FEI Number</b> 20-1130444	
<b>Zip</b> 34609		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BATISTA, JOHN 1194 MARINER BLVD SPRING HILL, FL 34609			<b>7. Name and Address of New Registered Agent</b> Name: <b>BATISTA, THERESA</b> Street Address (P.O. Box Number is Not Acceptable): 495 MARINER BLVD City: <b>SPRING HILL FL</b> Zip Code: <b>34609</b>		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE</b>  </div> <div style="width: 30%; text-align: center;"> <b>Theresa Batista</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>THERESA BATISTA</b>  <b>3/17/07</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM BATISTA, JOHN 1194 MARINER BLVD SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM BATISTA, JOHN 495 MARINER BLVD SPRING HILL FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM BATISTA, THERESA 1194 MARINER BLVD SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM BATISTA, THERESA 495 MARINER BLVD SPRING HILL FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Blank] [Blank] [Blank] [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Blank] [Blank] [Blank] [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b>			<b>3/17/07</b> <b>352</b> <b>1300</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		